

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/16/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445234		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/14/2011	
NAME OF PROVIDER OR SUPPLIER GLEN OAKS HEALTH AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 1101 GLEN OAKS ROAD SHELBYVILLE, TN 37160			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 224	<p>483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIAT N</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Intakes: TN00028111</p> <p>Based on policy review, medical record review and interview, it was determined the facility failed to follow their policy of reporting the suspected theft of over \$100.00 to the local Police Department for 1 of 5 (Resident #4) sampled residents.</p> <p>The findings included:</p> <p>Review of the facility "Personal Property" policy documented, "...All suspected thefts over \$100 will be reported to the local Police Department by Administrator within 36 hours of being reported..."</p> <p>Medical record review documented Resident #4 was admitted on 5/6/10 with diagnoses of Diabetes, Depression, Anxious mood, Hypokalemia, and Chronic Atrial Fibrillation. Review of Resident #4's "INVENTORY OF PERSONAL EFFECTS" documented "...wedding ring and band." Review of the "Discharge Record" included a document of "Mortician's Receipt" with no personal effects documented on the receipt.</p>			F 224			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 224	Continued From page 1 During an interview in the conference room on 9/14/11 at 1:35 PM, the Administrator confirmed she did not file a report with the police for the missing rings in accordance with the facility's policy.			F 224			